

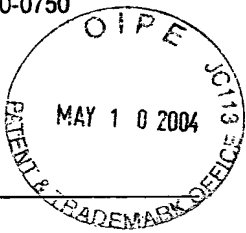
Serial No. 10/602,338 Docket No. Eth 1685 CIP By: EDW

Application of: A. Datta et al. Mailed: 5.7.04

PR 1 4 2005 Entitled: Biodegradable Stent

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|--|---|
| <input type="checkbox"/> Oath or Declaration | <input type="checkbox"/> MPEP 609/ |
| <input type="checkbox"/> Assignment | <input type="checkbox"/> Notice of Appeal |
| <input checked="" type="checkbox"/> Charge to Deposit Account 10-0750 | <input type="checkbox"/> Brief |
| <input type="checkbox"/> Amendment | <input type="checkbox"/> Priority Document |
| <input type="checkbox"/> Extension of Time | <input type="checkbox"/> Status Inquiry |
| <input type="checkbox"/> Issue Fee Transmittal | <input type="checkbox"/> Sequence Listings/Diskette |
| <input type="checkbox"/> PCT Filing | <input type="checkbox"/> Biological Deposit Declaration |
| <input type="checkbox"/> IDS-Form 1449 | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Drawings <u>15</u> sheets <u>Formals</u> | |



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| <input type="checkbox"/> IDS-Form 1449 | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Drawings <u>15</u> sheets <u>Formals</u> | |

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Serial No. 10/602,338 Docket No. ETH 1685 By: KW
Application of: Orsta Mailed: 11-25-03
Entitled: Biodegradable Stent

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| <input checked="" type="checkbox"/> Oath or Declaration | <input type="checkbox"/> MPEP 609/ |
| <input checked="" type="checkbox"/> Assignment <u>+ Core Sheet</u> | <input type="checkbox"/> Notice of Appeal |
| <input checked="" type="checkbox"/> Charge to Deposit Account 10-0750 | <input type="checkbox"/> Brief |
| <input type="checkbox"/> Amendment | <input type="checkbox"/> Priority Document |
| <input type="checkbox"/> Extension of Time | <input type="checkbox"/> Status Inquiry |
| <input type="checkbox"/> Issue Fee Transmittal | <input type="checkbox"/> Sequence Listings/Diskette |
| <input type="checkbox"/> PCT Filing | <input type="checkbox"/> Biological Deposit Declaration |
| <input type="checkbox"/> IDS-Form 1449 | <input checked="" type="checkbox"/> Other <u>Missing</u> |
| <input type="checkbox"/> Drawings: _____ sheets | <u>Parts</u> |